

FILED DEC 8 1942

Registration District No. 42

Primary Registration District No. 5125

Registrar's No. 369

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County Butler  
 (b) City or town Broseley - Rural - Ash Hill  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)  
 In this community 31 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Butler  
 (c) City or town Broseley - Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route 1  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Ira Edward Morgan  
 3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month November day 9  
 year 1942 hour 5:00 minute \_\_\_\_\_ P.M.  
 21. I hereby certify that I attended the deceased from 10-9-42  
 \_\_\_\_\_, 19\_\_\_\_, to 11-9, 1942  
 that I last saw him alive on 11-2, 1942  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Nettie Morgan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: January 2, 1877  
 (Month) (Day) (Year)

Immediate cause of death Coronary occlusion  
 Duration \_\_\_\_\_

8. AGE: Years 65 Months 10 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace: \_\_\_\_\_ Illinois  
 (City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

10. Usual occupation Laborer

Major findings: 94a  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name \_\_\_\_\_  
 13. Birthplace UNKNOWN 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace UNKNOWN 9  
 (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Elmer Morgan  
 (b) Address Rt. 4, Poplar Bluff, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Nov. 12, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(c) Place: burial or cremation Crowley Cemetery

While at work? \_\_\_\_\_ (Specify type of place)  
 \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Greer Croy Funeral Serv.  
 (b) Address Poplar Bluff, Missouri

23. Signature Fred Bigger (M. D. or other) \_\_\_\_\_  
 Address Poplar Bluff, Mo. Date signed 11-20-42

19. (a) 11-24-42 (b) Belle Hinne  
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 1242-1538

Date Filed 12-7-42

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *W. H. Boy*  
Licensed Embalmer No. 3474  
P. O. Address *Poplar Bluff*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**